Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private ▶ Do not enter social security numbers on this form as it may be made public

2015

OMB No 1545-0047

Open to Public Inspection

		pplicable	C Name of organization	•	D Employ	er id	entification number
	ddress c		NATIONAL LEGAL AND POLICY CENTER		52-17		
	ame cha	-	Doing business as		32-17	301	50
	ıtıal reti	urn	Doing business as				
return.	nal /termina	ated	Number and street (or P O box if mail is not delivered to street address) Room/suil	e	E Telephoi	ne n u	mber
	nended		107 PARK WASHINGTON COURT		(703)	237-	1970
ПАр	plication	n pending	City or town, state or province, country, and ZIP or foreign postal code FALLS CHURCH, VA 22046				+ 4 450 050
							s \$ 1,452,053
			F Name and address of principal officer PETER T FLAHERTY	H(a) Is th		retur	
			107 PARK WASHINGTON COURT	No	rdinates?		☐ Yes 🗸
——— т Та	x-exem	npt status	FALLS CHURCH, VA 22046	H(b) Are a		ates	Yes No
			✓ 501(c)(3) 501(c)() ◄ (insert no) 4947(a)(1) or 527			a list	t (see instructions)
J W	ebsite	e:▶ WW	W NLPC ORG	H(c) Grou	ıp exemptı	on n	umber >
K For	n of org	ganızatıon	✓ Corporation	L Year of fo	rmation 199	1	M State of legal domicile DC
Pa	rt I	Sum	mary				
Governance	T (O EDUC NFORMA	scribe the organization's mission or most significant activities ATE THE GENERAL PUBLIC THROUGH RESEARCH, DOCUMENTATI TION ON NONPARTISAN ISSUES RELATING PRIMARILY TO ETHIC ETHICS FOR GOVERNMENT SERVICES				
Ĕ	_						
9A 0	2 (Check th	ıs box ▶ ┌ ıf the organization discontinued its operations or disposed o	f more than 2	25% of its	net a	assets
Activities &	3 N	Number	of voting members of the governing body (Part VI, line 1a)		. [3	5
Š	4 N	Number o	of independent voting members of the governing body (Part VI, line 1b)			4	3
Act			nber of individuals employed in calendar year 2015 (Part V, line 2a) .			5	6
•			nber of volunteers (estimate if necessary)			6	0
			elated business revenue from Part VIII, column (C), line 12		٠ ٠	7a	0
	P M	et unreia	ted business taxable income from Form 990-T, line 34	1		7b	C
	8	Contri	butions and grants (Part VIII, line 1h)	Pric	1,210,5	0.6	Current Year 1,208,829
알	9		Im service revenue (Part VIII, line 2g)		1,210,3	0	1,200,829
Ravenue	10	-	tment income (Part VIII, column (A), lines 3, 4, and 7d)		-8	22	28,294
Ę.	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		1 200 6	\neg	
		12)			1,209,6	84	1,237,123
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)			0	0
	14		ts paid to or for members (Part IX, column (A), line 4)			0	0
82	15	S a ları 5 –1 0)	es, other compensation, employee benefits (Part IX, column (A), lines		784,2	91	827,104
Expenses	16a	,	ssional fundraising fees (Part IX, column (A), line 11e)			0	0
χb	ь	Total fu	ndraising expenses (Part IX, column (D), line 25) ▶208,137				
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		441,7	71	512,827
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		1,226,0	62	1,339,931
	19	Reven	ue less expenses Subtract line 18 from line 12		-16,3	78	-102,808
Net Assets or Fund Balances				Beginning o	of Current Y	ear	End of Year
sset	20	Total	assets (Part X, line 16)		1,034,8	78	832,551
A A	21		liabilities (Part X, line 26)	,	135,3	-	105,751
ž	22	Net as	sets or fund balances Subtract line 21 from line 20		899,5	25	726,800
	rt II		ature Block				
my k	nowled	dge and i	perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other the nowledge				
_		****	3 K	זר	016-11-11		
Sigr		—	ature of officer		ate		
Her		I.					

Preparer's signature CHARLES F HELME III CPA

Date

Firm's name THOMPSON GREENSPON

Firm's address ► 4035 RIDGE TOP RD SUITE 700

FAIRFAX, VA 22030

PETER T FLAHERTY PRESIDENT Type or print name and title Print/Type preparer's name CHARLES F HELME III CPA

Paid

Preparer

Use Only

PTIN P**0**0118452

Check if self-employed

Fırm's EIN ▶ 54-1029635

Phone no (703) 385-8888

	(2025)			ruge
Par	t IV Checklist of Required Schedules		Yes	N.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		Νo
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services 7 If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11 e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Νo
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
	"Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Nο

Νo

Nο

Νo

Νo

Nο

Νo

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Nο

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Νo

Νo

24c

24d

25a

25b

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28a

28b

28c

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35a

35b

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Yes

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Yes

	` '		
IV	Checklist of Re	equired Schedu	iles (continued)

Did the organization report more than \$5.000 of grants or other assistance to any domestic organization or Nο 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part 22 Νo IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's Yes current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d NΩ 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24h

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

- Part

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Form	990 (2015)			Page !
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	-	· ·	· No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 5		163	NO
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		No
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5 c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		No
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
_	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		1
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
С	In which the organization is licensed to issue qualified health plans			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm	990 (2015)			Page (
Par	t VI Governance, Management, and Disclosure		N	
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	o Deio	w,
	Check if Schedule O contains a response or note to any line in this Part VI			.
Se	ction A. Governing Body and Management			•
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 5			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
	year by the following The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		103	
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
С	rise to conflicts?	12b	Yes	
	In Schedule O how this was done	12c	Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by	14	1 03	
,	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	163	No
,	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130		140
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		No
Ь	taxable entity during the year?	16a		No
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			1
17	List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, KY, LA, ME, MD, MA, MI, MN, MS, NC, ND, OH, OK, OR, PA, RI, SC, WV, WI	NH,N	J,NM	,NY,
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	_		
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of			

interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ▶THE CORPORATION 107 PARK WASHINGTON COURT FALLS CHURCH, VA 22046 (703) 237-1970

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization no	T	1						· 	<u> </u>	Г
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than son is	one bot	note booth	chec x, officer to compensate	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) KENNETH F BOEHM	40 00		व			ated			_	
CHAIRMAN		х		×				225,000	0	32,549
(2) PETER T FLAHERTY PRESIDENT/DIRECTOR	40 00	х		x				227,822	0	40,495
(3) DAVID WILKINSON DIRECTOR	0 50	x						0	0	0
(4) MICHAEL FALCONE DIRECTOR	0 50	х						0	0	C
(5) KURT CHRISTENSEN DIRECTOR	0 50	х						0	0	0
			_							

Part VIII Section A. Officers,	Directors, Tru	stees,	Key	Emp	oloy	ees, a	nd I	Highest Compens	sated Employees	(continued)	
(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-		other ation ne
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organizatio relate organizat	d
-											
										1	
1b Sub-Total		· ·	· ·	•		. >					
d Total (add lines 1b and 1c)	•			<u></u>	<u>.</u>	· >		452,822	0		73,044
Total number of individuals (i \$100,000 of reportable comp						d abov	re) w	ho received more t	han		
										Yes	No

_	B. I. Eliza	 	1	

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization of If "Yes," complete Schedule I for such person 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization Report compensation for the calendar year ending v	with or within the organization's	s tax y ear
(A) Name and business address	(B) Description of services	(C) Compensation
-		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \triangleright 0

Nο

Nο

3

4

Yes

Part V	7111	Statement o	f Revenue					
			ule O contains a respor	nse or note to any lii	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w 80	1a	Federated cam	paigns 1a					
E I	ь	Membership du	ies 1b					
<u>اء</u> ورد	c	Fundraising eve	ents 1c					
ffs. r_A	d	J	zations 1d					
<u>≣</u> .≅		Government grant						
ns, Sin	e	-			ļ			
er er	f	similar amounts no	ons, gifts, grants, and 1f ot included above	1,208,829				
	g	Noncash contribution 1a-1f \$	ons included in lines	12,353	j			
	h	Total. Add lines	s 1a-1f	•	1,208,829			
<u>a</u>				Business Code				
۲۶m	2a							
죻	b							
Š	C							
₹	d e	-						
ranı	f	All other progra	am service revenue					
Tog	١.							
<u>u</u>	g		s 2a-2f					
	3		ome (including dividend ar amounts)		8, 249			8,249
	4	Income from inves	stment of tax-exempt bond	proceeds >				
	5	Royalties .						
	6a	Gross rents	(ı) Real	(II) Personal				
	Oa							
	Ь	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	_	Gross amount	(ı) Securities	(II) Other				
	/a	from sales of assets other than inventory	234,975					
	ь	Less cost or	244.000					
		other basis and sales expenses	214,930					
	C .	Gain or (loss)	20,045		30.045			20.045
	d e ₂	Net gain or (los Gross income f	55)	· · · · >	20,045			20,045
evenue		events (not inc \$ of contributions	luding s reported on line 1c)					
بّ ح		See Part IV, Iir	ne 18 a					
ŧ	ь	Less direct ex	penses b					
O	c	Net income or	(loss) from fundraising	events >				
	9a		from gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	C	Net income or	(loss) from gaming acti	vities				
	10a	Gross sales of returns and allo		<u> </u>	_	-		
	Ь	Less cost of m	oods sold b					
	1		(loss) from sales of inve	entory >				
		Miscellaneou	s Revenue	Business Code				
	11a							
	b							
	c							
	d		ue					
	e		s 11a-11d	•				
	12	Total revenue.	See Instructions	🔈	1 227 122	0	_	28 204

Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations must complete all col	lumns. All other organizations mus	t complete column (A)

1	Grants and other assistance to domestic organizations and		expenses	general expenses	expenses
_	domestic governments See Part IV, line 21		200,500.000		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	525,866	459,325	39,709	26,832
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	202,428	194,167	8,261	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	2,400	2,400		
9	Other employee benefits	5 9,6 6 5	54,888	3,425	1,35 2
10	Payroll taxes	36,745	33,453	2,227	1,065
11	Fees for services (non-employees)			,	
а	Management				
b	Legal	7,685		7,685	
c	Accounting	29,723		29,723	
d	Lobbying	257, 25		23,720	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	29,173	26,997	130	2,046
12	Advertising and promotion	60,117	60,075	42	
13	Office expenses	56,691	598	17,799	38,294
14	Information technology	25,353	18,303	6,352	698
15	Royalties	25,555	10,000	3,652	
16	Occupancy	25,115		25,115	
 17	Travel	25,115		23,113	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,500	5,851	420	229
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,366	10,775	3,591	
23	Insurance	33,523	25,142	8,381	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		,		
а	PRINTING	90,620	53,566		37,054
b	POSTAGE & SHIPPING	75,040	,		75,040
c	BOOKS AND SUBCRIPTIONS	19,589	17,125	1,850	614
d	CAGE SERVICES	12,462	,	-,	12,462
e	All other expenses	26,870	11,734	2,685	12,451
25	Total functional expenses. Add lines 1 through 24e	1,339,931	974,399	157,395	208,137
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)	_,,,,,,,,		-2.7,920	_33,237

Form 990 (2015)		
Part X	Balance Sheet		
	Check if Schedule O contains a response or note to any line in this Part X		
		(A)	
		Beginning of year	
	Cook non interest because		-

Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees. Complete Part II of

Loans and other receivables from other disqualified persons (as defined under

employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing

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Net Assets or Fund Balances

Schedule L

Savings and temporary cash investments

Pledges and grants receivable, net .

Accounts receivable, net . .

Notes and loans receivable, net ...

Complete Part VI of Schedule D

Intangible assets . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Grants payable

Deferred revenue .

Less accumulated depreciation .

Investments—publicly traded securities

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Prepaid expenses and deferred charges .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that do not follow SFAS 117 (ASC 958), check here >

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 9S8), check here ▶ 🕡 and complete

Inventories for sale or use

0 (2013)										Pa	y
X	Balance Sheet											
	Check if Schedule O contains a response or note to any line in this Part X								-			
				(A							(B)	Ī
		8	egin	nıng	j of	year	-			Enc	l of y	' E
1	Cash-non-interest-hearing							1	1			Т

,	,		9
Part X	Balance Sheet		
	Check if Schedule O contains a response or note to any line in this Part X	 	

orm 990 (2015)	Page 11
Part X	Balance Sheet	
	Charles Cale adula Connections a management of the Connection of the Park V	_

Form 990 (2	2015)	Page 1
Part X	Balance Sheet	

Page	1

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30 31

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33

22.523

414,207

314 016

196,922

45 756

89 597

135,353

870,552

28.973

899.525

1,034,878

1,034,878

614,157

210,502

10a

10b

- ar

73.744

17,445

403,655

194,505

143,202

832,551

29,249

76,502

105,751

710,799

16.001

726,800

832.551

Form 990 (2015)

a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Separate basis

Schedule O

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

2b

2c

3a

3b

Yes

Yes

Νo

Form 990 (2015)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493319009466

Employer identification number

52-1750188

SCHEDULE A (Form 990 or 990EZ)

NATIONAL LEGAL AND POLICY CENTER

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

1

2

3

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 1,251,074 1,111,925 1,231,800 1,210,506 1,208,829 6,014,134 membership fees received (Do not include any unusual grants) Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,210,506 1,208,829 6,014,134 1,251,074 1,111,925 1,231,800 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 515,252 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 5,498,882 from line 4 Section B. Total Support

Calendar vear

10)	fiscal year beginning in)	(a)2011	(0)2012	(6)2013	(u)2014	(e)2015	(1) i otai
7	Amounts from line 4	1,251,074	1,111,925	1,231,800	1,210,506	1,208,829	6,014,134
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,835	4,857	5,180	3,294	8,249	26,415
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						6,040,549
12	Gross receipts from related activit	ies, etc (see inst	ructions)	<u>.</u>		12	

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . .

Section C Computation of Public Support Percentage

36	cuon	C.	COIII	pulal	ט ווטו	I Pul	ilic 3	րսբ	ו אוטע	Perc	entaç	je
					-	0015		-		(6) 1		

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	91 030 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	91 730 %

16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization ▶▽ b 33 1/3% support test -2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶┌ **b** 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

(f)Total

Sche	dule A (Form 990 or 990-EZ) 2015						Page:
Pa	art III Support Schedule f						
	(Complete only if you						fy under Part
	II. If the organization	fails to qualif	y under the tes	ts listed below,	, please comple	ete Part II.)	
Se	ction A. Public Support Calendar year		1	<u> </u>	ı		1
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
1	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any "unusual grants ")	í	-				
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose		ļ				
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf		-				
5	The value of services or facilities furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons Amounts included on lines 2 and						
D	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
	the amount on line 13 for the year		-				
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Se	ection B. Total Support		1				
	Calendar year		4112042	4.32.42	4.0004.4	4.3204.5	465T 1 1
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
9	A mounts from line 6						
L0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975	_					
с 11	Add lines 10a and 10b Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on		_				
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)		1.6.1.1		6.01		\(\frac{1}{2}\)
14	First five years. If the Form 990 is fo	or the organization	on's first, secona	, third, fourth, or 1	nπn tax year as a	section 501(c	
-	check this box and stop here	lia Cumpant D					<u> </u>
	ction C. Computation of Publ			12 1 (6)			
15	Public support percentage for 2015			13, column (f))		15	
16	Public support percentage from 201	.4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inve	estment Inco	me Percenta	ge			
17	Investment income percentage for 2	2015 (line 10c, c	olumn (f) divided	by line 13, colum	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line 1	.7		18	
	33 1/3% support tests—2015. If the		-		line 15 is more t		nd line 17 is not
	more than 33 1/3%, check this box	-		· ·			•
ь	33 1/3% support tests—2014. If the						
_	18 is not more than 33 1/3%, check	=					_
20	Private foundation. If the organization			•			
			= • •				'

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?	2		
	If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")?			
	If "Yes" and If you checked 11a or 11b In Part I, answer (b) and (c) below	4a		
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion describe heing controlled or supported.	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in			
	the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8	٠	i
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

	,	
Part IV	Supporting Organizations	(continued

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0		-					_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			

S	ection D. All Type III Supporting Organizations				
			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the suppoited organization(s)	2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3			

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		ine orga instructi	anization supported a governmental entity. Describe in Part VI now you supported a government entity ons)	y (se	ee
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.		Yes
а	Didsu	bstantıall [.]	y all of the organization's activities during the tax year directly further the exempt purposes of the		
	suppor	ted organ	ızatıon(s) to which the organization was responsive?		

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2 <i>a</i>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3*a* each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr		•	ructions. All other
-	Type III non-functionally integrated supporting organizations must complete S	ections	A through E	Г
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
L	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
ŀ	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
3	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)	.		
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
5	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

	INDE III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Se	ection D - Distributions			Current Year
1	Amounts paid to supported organizations to accom-	plish exempt purposes		
	Amounts paid to perform activity that directly further		orted organizations, in	
	excess of income from activity			<u> </u>
3	Administrative expenses paid to accomplish exemp	ot purposes of supported org	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval red	quired)		
6	Other distributions (describe in Part VI) See instru	ıctıons		
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9	Distributable amount for 2015 from Section C, line	6		
	Line 8 amount divided by Line 9 amount	1		
			,	
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3	Excess distributions carryover, if any, to 2015			
а				
b				
<u> </u>				
	From 2013			
	From 2014			
	Total of lines 3a through e Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
_	Distributions for 2015 from Section D, line 7			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 31 and 4c			
8	Breakdown of line 7		1	
а				
b				
C	Excess from 2013			
d	From 2014			
е	From 2015			

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DLN: 93493319009466

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Naı	al Revenue Service me of the organization IONAL LEGAL AND POLICY CENTER					oyer identification number
Pa	rt I Organizations Maintaining Donor Complete if the organization answere	Advised Funds or	0	ther Similar	Funds o	or Accounts.
		(a) Donor advised fun		die IV, mie o		Funds and other accounts
	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t	the organization's exclu	SIV	e legal control?		☐ Yes ☐ No
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?					
Pai	rt II Conservation Easements. Comple	ete if the organization	ı a	nswered "Yes	" on Forn	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by th	e organization (check a	ll th	hat apply)		
	Preservation of land for public use (e.g., recre	eation o r r	_	Dragomistion	fan hieten	weally important land area
	education) Protection of natural habitat	I T	_			rically important land area d historic structure
	Preservation of open space			i reservation o	i a cereme	a matoric structure
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	held a qualified conserv	atic	on contribution i	ın the form	of a conservation
	, ,					Held at the End of the Year
a	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easeme	ents			2b	
C	Number of conservation easements on a certified			• •	2c	
d	Number of conservation easements included in (c historic structure listed in the National Register	c) acquired after 8/17/0	6, a	and n o t on a	2d	
3	Number of conservation easements modified, train	nsferred, released, extin	gui	ıs h ed, or termin	ated by th	e organization during the
	tax year ▶					
1	Number of states where property subject to conse	ervation easement is lo	:at	ed ▶		
5	Does the organization have a written policy regard violations, and enforcement of the conservation e		rin	g, inspection, h	andling of	☐ Yes ☐ No
5	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of v	ıol	ations, and enfo	orcing cons	servation easements during the
	P	b I dl 6 l b				. h
7	Amount of expenses incurred in monitoring, inspe	ecting, nandling of violat	ion	is, and enforcing	g conserva	ation easements during the year
3	Does each conservation easement reported on III (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the	e re	equirements of s	section 17	0(h)(4)
Ð	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text	of the footnote to the or				se statement, and
	the organization's accounting for conservation ea			-1	04	au Cladiau Aaasta
æп	t III Organizations Maintaining Collect Complete if the organization answers					ier Similar Assets.
La	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footr	FAS 116 (ASC 958), no assets held for public e	t to xhi	report in its re ibition, educatio	venue stat in, or rese	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	FAS 116 (ASC 958), to assets held for public e	rep	ort in its reven	ue statem	ent and balan c e s heet
(i) Revenue included on Form 990, Part VIII, line 1	L			> \$	
	i) Assets included in Form 990, Part X					
2	If the organization received or held works of art, h	nist orical treasures, or o	th€	er sımılar assets	· · · · · · · · · · · · · · · · · · ·	
-	following amounts required to be reported under S					S / F

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	3111	Organizations Maintaining (continued)	Collections of A	rt, His	torical	Trea	sures, or (Othe	r Similar As	ssets	5	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other reco	ords, ch	eck any o	of the	following that	are a	significant use	e of its	5	
а		Public exhibition		d	┌ Lo	an or	exchange pro	grams	;			
b	Γ:	Scholarly research		e	┌ Ot	her						
c	Γ	reservation for future generations										
4	Provide Part >	de a description of the organization's	s collections and exp	laın hov	they fur	ther th	ne organizatio	n's ex	empt purpose	ın		
5	asset	g the year, did the organization solid s to be sold to raise funds rather the	an to be maintained a						ılar Yes	Ī	- No	
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form 9	99 0, Par	t IV,	line 9, or re	porte	ed an amoun	t on I	Form	99 0 ,
1 a		organization an agent, trustee, cus led on Form 990, Part X?	todian or other intern	nediary	for contr	ibutioi	ns or other ass	sets r	not Tyes	Г	_ No	
ь	If"	Yes," explain the arrangement in Pa	art XIII and complete	the foll	lowing tal	ble			A mo	ount		
c		ginning balance			· · · · · · · · · · · · · · · · · · ·		10	: -				
d		ditions during the year					1d					
е		tributions during the year					1e	:				
f		ling balance					1f					
2 a		ie organization include an amount oi	n Form 990, Part X, lı	ine 2 1, í	for escrov	w or cu	ــــــا ustodial accou	ınt lıa	bility? Yes	. Г	_ No	
h	7.5.113.4		VIII OL LL GU			,						
Da	rt V	s," explain the arrangement in Part Endowment Funds. Comple								· · ·	•	
Fe	I U	Endowment Funds. Comple	(a)Current year		or year		Two years back		rree years back	(e)Fo	ur vea	ars back
1a	Beair	nning of year balance	(C) can sinc year	(-)	o. , oa.	- (-,	THE YEARS DUCK	(-)	ee years suck	(-).	,	
b	_	ributions										
c	Net ii losse	nvestment earnings, gains, and s										
d	Grant	s or scholarships										
е		r expenditures for facilities rograms										
f	A dmi	nistrative expenses				1						
g		f year balance										
2	Provid	te the estimated percentage of the o	current vear end bala	nce (lin	e 1a. coli	ımn (a)) held as	I				
а		designated or quasi-endowment		(97		.,,					
b		anent endowment										
С	The p	orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	•									
3a		nere endowment funds not in the pos ization by	session of the organi	ızatıon t	hat are h	eld an	id adminis tere	d for	the		es (No
	(i) un	related organizations					•		3a	• •		
		lated organizations s s" on 3a(ii), are the related organiza			ا با ما داه		•		3a(
ь 4		s" on 3a(II), are the related organiza- Tibe in Part XIII the intended uses o							3	b		
_	t VI	Land, Buildings, and Equip		.naomin	- Tarias							
		Complete if the organization a		orm 99	90, Part	IV, lı	ne 11a.See	Form	1 990, Part X	, line	10.	
		Description of property		Co	(a) ost or other (investme		(b) Cost or other ba (other)	asıs	Accumulated (c) depreciation	(4	d) Bool	k value
1a	Land					-	61,0	050				61,050
b	Buildin	gs					506,5	550	167,47	4		339,076
c	Leaseh	old improvements										
d	Equipm	nent					46,5	557	43,02	8		3,529
е	Other											

See Form 990, Part X, line 12.	ı		
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
(3)0 the			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	>		
Part VIII Investments—Program Related. Complete if the organization answered 'Y	'es' on Form 990,	Part IV, line 11c.s	ee Form 990 Part X line 13
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
	-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	Pancing of Vacion En	rm 900 Part IV Juna	11d See Form 990 Part V June 15
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization a (a) Descript		rm 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization a (a) Descript		rm 990, Part IV, line	
Part IX Other Assets. Complete if the organization a (a) Descript		rm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organization a (a) Descript		rm 990, Part IV, line	(b) Book value
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Part IX Other Assets. Complete if the organization a (a) Descript		rm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organization at (a) Descript (1) ASSETS UNDER SPLIT INTEREST AGREEMENTS	zion	rm 990, Part IV, line	(b) Book value 143,20
Part IX Other Assets. Complete if the organization at (a) Descript (1) ASSETS UNDER SPLIT INTEREST AGREEMENTS Total. (Column (b) must equal Form 990, Part X, col (B) line 15	cion		(b) Book value 143,20 ▶ 143,20
Part IX Other Assets. Complete if the organization a (a) Descript (1) ASSETS UNDER SPLIT INTEREST AGREEMENTS Total. (Column (b) must equal Form 990, Part X, col (B) line 15, Part X Other Liabilities. Complete if the organization as	cion		(b) Book value 143,20 ▶ 143,20
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 Part X Other Assets. Complete if the organization of (a) Descript (1) ASSETS UNDER SPLIT INTEREST AGREEMENTS Total. (Column (b) must equal Form 990, Part X, col (B) line 15 Part X Other Liabilities. Complete if the organise Form 990, Part X, line 25.	cion Cion Cion Cion Cion Cion Cion Cion C		(b) Book value 143,20 ▶ 143,20
Total. (Column (b) must equal Form 990, Part X, col (B) line 15. Part X Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability	o		(b) Book value 143,20 ▶ 143,20
Total. (Column (b) must equal Form 990, Part X, col (B) line 15. Part X Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability	o		(b) Book value 143,20 ▶ 143,20
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 Part X Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	o	Yes' on Form 990,	(b) Book value 143,20 ▶ 143,20
(a) Descript (1) ASSETS UNDER SPLIT INTEREST AGREEMENTS Total. (Column (b) must equal Form 990, Part X, col (B) line 15 Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	o ization answered '	Yes' on Form 990,	(b) Book value 143,20 ▶ 143,20
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Total. (Column (b) must equal Form 990, Part X, col (B) line 15 Part X Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	o ization answered '	Yes' on Form 990,	(b) Book value 143,20 ▶ 143,20
(a) Descript (1) ASSETS UNDER SPLIT INTEREST AGREEMENTS Total. (Column (b) must equal Form 990, Part X, col (B) line 15 Part X Other Liabilities. Complete if the organisee Form 990, Part X, line 25. (a) Description of liability Federal income taxes	o ization answered '	Yes' on Form 990,	(b) Book value 143,20 ▶ 143,20
(a) Descript (1) ASSETS UNDER SPLIT INTEREST AGREEMENTS Total. (Column (b) must equal Form 990, Part X, col (B) line 15 Part X Other Liabilities. Complete if the organisee Form 990, Part X, line 25. (a) Description of liability Federal income taxes	o ization answered '	Yes' on Form 990,	(b) Book value 143,20 ▶ 143,20
(a) Descript (1) ASSETS UNDER SPLIT INTEREST AGREEMENTS Total. (Column (b) must equal Form 990, Part X, col (B) line 15 Part X Other Liabilities. Complete if the organisee Form 990, Part X, line 25. (a) Description of liability Federal income taxes	o ization answered '	Yes' on Form 990,	(b) Book value 143,20 ▶ 143,20
(a) Descript (1) ASSETS UNDER SPLIT INTEREST AGREEMENTS Total. (Column (b) must equal Form 990, Part X, col (B) line 15 Part X Other Liabilities. Complete if the organisee Form 990, Part X, line 25. (a) Description of liability Federal income taxes	o ization answered '	Yes' on Form 990,	(b) Book value 143,20 ▶ 143,20
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 Part X Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	o ization answered '	Yes' on Form 990,	(b) Book value 143,20 ▶ 143,20
Part IX Other Assets. Complete if the organization at (a) Descript (1) ASSETS UNDER SPLIT INTEREST AGREEMENTS Total. (Column (b) must equal Form 990, Part X, col (B) line 15 y Part X Other Liabilities. Complete if the organise Form 990, Part X, line 25.	o ization answered '	Yes' on Form 990,	(b) Book value 143,20 ▶ 143,20
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Total. (Column (b) must equal Form 990, Part X, col (B) line 15 , Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS	(b) Book value 76,50 the text of the footno	Yes' on Form 990,	(b) Book value 143,20 143,20 143,20 Part IV, line 11e or 11f.

Schedule D (Form 990) 2015

information

PART X, LINE 2

Return Reference

1 200 065

4

1,200,003					III, line 12	90, Part	not on Form	included on line 1 but	A mounts	
								meraded on mic I bac	Aillouitts	2
		-37,058		2a			n investment	alized gains (losses) o	Net unrea	а
				. 2b			cilities	services and use of fa	Donated s	b
				. 20				es of prior year grants	Recoverie	c
				2d				escribe in Part XIII)	d Other (De	d
-37,058	2e							2a through 2d	Add lines	е
1,237,123	3	[line 2e from line 1 .	Subtract I	3
		Γ			not on line 1	ne 12, but	, Part VI II, li	included on Form 990	A mounts	4
			1	. 4a	III, line 7b	90, Part	ided on Form !	ent expenses not inclu	ı Investme	а
				. 4b				escribe in Part XIII)	Other (De	b
C	4c			 .				4a and 4b	Add lines	c
				line 12 \	- 000 Dart	equal For	4c (This must	enue Add lines 3 and	Total reve	5
		With Expenses	nents With IV, line 12a	Stater 90, Part	d Financia ' on Form S	r Audite ered 'Ye:	penses pe ization answ	conciliation of Ex mplete if the organi	Cor	
	-	With Expenses	nents With IV, line 12a	Stater 90, Part	d Financia ' on Form 9 ents	r Audite ered 'Yes alstaten	penses pe ization answ audited finance	conciliation of Ex mplete of the organi penses and losses per	Cor Total expe	
urn.	s per Ret	With Expenses	nents With IV, line 12a	Stater 90, Part	d Financia ' on Form 9 ents X, line 25	r Audite ered 'Yes nal staten 190, Part	penses pe ization answ audited finand not on Form	conciliation of Ex mplete if the organi penses and losses per included on line 1 but	Cor Total expe A mounts	2
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urn. 1,372,790 32,859	s per Ret	With Expenses e 12a. 	nents With IV, line 12a	2a 2b 2c 2d	d Financia ' on Form 9 ents . X, line 25	r Audite ered 'Ye: Ial staten 190, Part	epenses pe Ization answ audited finance ont on Form cilities	conciliation of Ex mplete if the organi penses and losses per included on line 1 but services and use of fac r adjustments sees escribe in Part XIII)	Cor Total expenses A mounts Donated s Prior year Other loss Add lines	a b c d
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urn. 1,372,790 32,859	s per Ret	### ##################################	nents With IV, line 12a	2a 2b 2c 2d	d Financia ' on Form 9 ents . X, line 25	r Audite ered 'Ye. Ial staten 190, Part 25, but n 90, Part	epenses pe Ization answ audited finance I not on Form seculities I not	conciliation of Exmplete if the organicenses and losses per included on line 1 but services and use of fair adjustments	Cor Total expension A mounts Donated s Prior year Other (De Add lines Subtract I A mounts Investme Other (De	b c d e 3 4

Explanation

THE NATIONAL LEGAL AND POLICY CENTER HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS, AND

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Schedule D (Form 990) 2015	Page 5	
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	

Schedule J (Form 990)

Department of the

DLN: 93493319009466

OMB No 1545-0047

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Intern	rnal Revenue Service	Ilisp	eculo	
	ame of the organization ATIONAL LEGAL AND POLICY CENTER	Employer identification num	nber	
IVAI	ATTOMAL LEGAL AND POLICE CENTER	52-1750188		
Pa	art I Questions Regarding Compensation	*		
_			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to c 990, Part VII, Section A, line 1a Complete Part III to provide any relevant infor			
	First-class or charter travel Housing allowance of	or residence for personal use		
	Travel for companions Payments for busine	ess use of personal residence		
	Tax idemnification and gross-up payments Health or social clu	b dues or initiation fees		ļ
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written pol reimbursement or provision of all of the expenses described above? If "No," compared to the compared			
2	Did the organization require substantiation prior to reimbursing or allowing expendirectors, trustees, officers, including the CEO/Executive Director, regarding the		Yes	
3	Indicate which, if any, of the following the filing organization used to establish the organization's CEO/Executive Director Check all that apply Do not check any bused by a related organization to establish compensation of the CEO/Executive D	oxes for methods		
	Compensation committee Written employment	t contract		
	Independent compensation consultant Compensation survi	ey or study		
	Form 990 of other organizations Approval by the boa	ard or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a v or a related organization	with respect to the filing organization		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement p	lan? 4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangem	ent? 4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts	for each item in Part III		
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization compensation contingent on the net earnings of	pay or accrue any		
а	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization payments not described in lines 5 and 6? If "Yes," describe in Part III	provide any non-fixed 7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a subject to the initial contract exception described in Regulations section 53 495 in Part III			No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption pro-	cedure described in Regulations		

section 53 4958-6(c)?

Schedule J (Form 990) 2015

Page 2

To cach marriada mose compensación mase se reported en central en constitue organización en relación organización en constitue en const
ınstructions, on row (II) Do not list any individuals that are not listed on Form 990, Part VII
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	3C compensation	(C) Retirement and	(D) Nontaxable	(E) ⊤otal of	(F) Compensation in
		Base (ı) compensation	(II) Bonus & Incentive compensation	(ıiı) Other reportable compensation	other deferred benefits compensation		c olumns (B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 KENNETH F BOEHM CHAIRMAN	(i)	225,000	0	0	24,000	8,549	257,549	0

24,000

16,495

268,317

2 PETER T FLAHERTY

PRESIDENT/DIRECTOR

(ii)

227,822

Page 3			
Part III Supplemental Information			
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information		
Return Reference	Explanation		

Schedule J (Form 990) 2015

Schodula 1 (Form 000) 2015

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE M**

DLN: 93493319009466

OMB No 1545-0047

2015

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the

(Form 990)

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Open to Public

Treas	sury nal Revenue Service					Inspe	ectio	n
Nam	ie of the organization				Employer identific	ation nu	mber	
VATIO	ONAL LEGAL AND POLICY CENTER				53 1750100			
Pa	rt I Types of Property				52-1750188			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Check If	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on	Method of noncash cont			nts
		applicable		Form 990, Part VIII, line 1g				
1	Art-Works of art			- 3				
2	Art—Historical treasures .				1			
3	Art—Fractional interests							
4	Books and publications					,		
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	5	12,353	FMV ON THE DA	TE RECE	IVED	1
	Securities—Closely held stock	·						
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous				1			
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther				1			
18	Collectibles				1			
	Food inventory							
	Drugs and medical supplies .				+			
	Taxidermy							
	Historical artifacts Scientific specimens							
	Archeological artifacts							
	Other ► ()				+			
	Other ► ()							
	Other ► ()							
	Other ► ()				1			
	Number of Forms 8283 received for which the organization complete				29			
							Yes	No
30a	During the year, did the organiz	ation receiv	e by contribution any prope	erty reported in Part I, lines	s 1 through 28, tha	t		
	it must hold for at least three ye	ears from the	e date of the initial contribu	<mark>ition, and which is</mark> not requ	red to be used			l
	for exempt purposes for the ent	ıre holdın g p	eriod?	. 		30a		No
b	If "Yes," describe the arrangem	ent In Part I	I					
31	Does the organization have a gi	ft acceptanc	ce policy that requires the	review of any non-standard	d contributions?	31		No.
32a	Does the organization hire or us	e third parti	es or related organizations	to solicit, process, or sell	noncash			

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

contributions?

b If "Yes," describe in Part II

describe in Part II

3<u>2a</u>

Schedule M (Form 990) (2015)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493319009466 OMB No 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O 2015 (Form 990 or Complete to provide information for responses to specific questions on 990-EZ) Form 990 or 990-EZ or to provide any additional information. **Open to Public** ► Attach to Form 990 or 990-EZ. Department of the Inspection ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Treasury www.irs.gov/form990.

Name of the organization
NATIONAL LEGAL AND POLICY CENTER

52-1750188

990 Schedule O, Supplemental Information

ACH BOARD MEETING

Internal Revenue

Service

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS DISTRIBUTED TO EACH DIRECTOR OF THE NLPC IF ANY DIRECTOR WOULD LIKE CHANGES MADE, THOSE CHANGES ARE COMMUNICATED TO PETER FLAHERTY, PRESIDENT OF THE NLPC
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY COVERS ALL DIRECTORS AND OFFICERS AND IS MONITORED BY THE BOARD MINUTES WHICH ARE REVIEWED AND MAINTAINED BY THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS REVIEWS EACH TRANSACTION TO COME BEFORE THE BOARD FOR POTENTIAL OR ACTUAL CONFLICT S OF INTEREST IF POTENTIAL OR ACTUAL CONFLICTS (PAST, PRESENT, OR FUTURE) ARE IDENTIFIED, THE PERSON DETERMINED TO HAVE A CONFLICT IS RECUSED FROM DELIBERATIONS AND VOTING THE IDENTIFIED CONFLICTS OF INTEREST AND APPROPRIATE RECUSALS ARE DOCUMENTED IN THE MINUTES OF E

990 Schedule O, Supplemental Information Return

ı	FORM 990,	THE PROCESS FOR DETERMINING COMPENSATION OF THE FOLLOWING PERSONS INCLUDES A REVIEW AND APPROVAL
	PART VI,	BY INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS COMPARABILITY DATA USED IN THE REVIEW PROCESS IS
	SECTION B, LINE	OBTAINED FROM THE FORM 990S OF SIMILAR ORGANIZATIONS THE DELIBERATIONS AND DECISIONS ARE DOCUMENTED
	15A	IN THE MINUTES OF THE BOARD OF DIRECTORS THE COMPENSATION DETERMINATION APPLIES TO THE FOLLOWING
		POSITIONS AND THE MOST RECENT YEAR FOR WHICH THIS PROCESS WAS UNDERTAKEN FOR EACH IS IDENTIFIED TITLE
		YEAR OF MOST RECENT REVIEW/APPROVAL PRESIDENT 2015 CHAIRMAN 2015

FORM 990,

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

PART VI,

Reference

Explanation

19

990 Schedule O, Supplemental Information Return Reference Explanation FORM 990, PART XI, CHANGE IN VALUE OF ASSETS UNDER SPLIT INTEREST AGREEMENTS -2,890 CHANGE IN VALUE OF LIABILITIES LINE 9 UNDER SPLIT INTEREST A GREEMENTS -29,969

PROCESS HAS NOT CHANGED SINCE PRIOR YEAR

FORM 990, PART XII.

LINE 2C